



Local 1000, AFSME, AFL-CIO

Name: Victoria Malone

Grievance Form

Date of Hire: 08-2009

10-Digit CSEA ID #

Home Address:

Nanuet NY 10541

Home Phone #:

0

Department or Agency: Clarkstown Highway Dept.

Job Title: ME0II

Name of Supervisor: Rob Klein

Step 1

Contract Article violated or involved: Article XIII(b), (XXVIII(10))

Date of Occurrence: March 13, 2018

STATEMENT OF FACTS (Include names, dates, what happened): On 3/31/18, I was selectively removed from my crew to work, in my title (ME0II), with another crew and an employee (ME0II) from another department was put into my crew (Tree) for the day. The tree crew work for a total of sixteen (16) hours that day, six (6) of which they received double time pay and four (4) hours of comp. time. This violates Article XIII(b) as I am certified in the operation of the tree truck which was vital to the emergency overtime performed on that day. The decision to remove me from the tree crew that day was made on an inequitable basis. Another member of the Tree Crew had requested to be removed from the crew and in turn I was removed. This violates Article XXVIII(10) as the employer shall not discriminate against an employee by reason of sex, nationality, race, creed or Political Persuasion.

To be made whole and be compensated for the overtime and comp. Remedy Sought: time I would have received if I had not been removed from the tree crew at the rate of pay for the hours worked.

Date Submitted: 4-5-18

Grievant's Signature:

1ST STEP DECISION

Date: 4/5/18

Supervisor's Signature: Rufus

Rejected: _____

Sustained: _____

DECISION (use additional sheets if necessary): not responsible for assigning personnel

Date Decision Received by Grievant: 4-5-18

Grievant's Signature: Howard Tolson

The above decision is satisfactory, _____

I wish to appeal the above decision. (YES or NO) Yes

STEP 2

DETERMINATION ATTACHED

Date Decision Issued: _____ Reviewers Signature: _____

The above decision is Satisfactory, _____

I wish to appeal the above decision. (YES or NO) _____

Date: _____ Grievant's Signature: _____

STEP 3

DETERMINATION ATTACHED

Date Decision Issued: _____ Reviewers Signature: _____

The above decision is Satisfactory, _____

I wish to appeal the above decision. (YES or NO) _____

Date: _____ Grievant's Signature: _____

COPIES TO:

1. Original to Employer
2. Employee
3. Unit President
4. Local President
5. Labor Relations Specialist



TOWN OF CLARKSTOWN
HIGHWAY DEPARTMENT

FRANK M. DiZENZO, SR.
Superintendent of Highways

April 12, 2018

Victoria Malone

Nanuet, NY 10954

Ms. Malone,

I have reviewed your grievance dated 4-5-18 regarding Contract Article XIII(b), (XXVIII(10)). Your grievance is denied.

Thank you,

Frank D. Zepke

Frank DiZerzo, Sr.
Clarkstown Highway Department

cc: Vince Toomey, Esq.